Domestic Violence and HIV

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Prevalence of violence/abuse during pregnancy: Findings from the Perinatal Guidelines Evaluation Project (PGEP)

- Participants: Pregnant women receiving prenatal care (336 HIV+, 298 HIV- matched for sexual transmission risk behavior) in Connecticut; North Carolina; Brooklyn, NY; Miami, FL

- Method: Interviewed at $\geq$ 24 weeks gestation

- Measures:
  - Physical or sexual violence during the past 6 months
  - Main male partner who is physically or emotionally/verbally abusive

Prevalence of violence/abuse during pregnancy: Findings from PGEP

- 8.9% of women reported recent violence
- 21.5% of women with a main male partner described him as abusive (5.5% physically, 16.0% verbally/emotionally)
- Recent violence was highest among those with a physically abusive partner but almost ¾ of the women who experienced recent violence were not currently in a relationship with a physically abusive partner

Recent violence and HIV serostatus

- Recent violence was not associated with serostatus
- However, one woman was physically assaulted by her partner when he learned her positive serostatus
- Women receiving an HIV diagnosis during prenatal care were not at increased risk for violence

Predictors of violence during pregnancy (PGEP)

- Bivariate predictors include:
  - Low income
  - Frequent moves
  - Recent drug use (marijuana, crack/cocaine)
  - Multiple sex partners
  - Bartering sex for money

Predictors of violence during pregnancy (PGEP)

- Independent predictors from multivariate model include:
  - **Moved more frequently** in prior year (OR=1.6, CI=1.0, 2.4)
  - **Less** likely to receive **financial support from partners or family** (OR= 0.4, CI=.2,.8)
  - More likely to have **recently bartered sex** for money (OR = 12.6, CI=1.9,77.3)

Implications for programs

- Violence and HIV coexist within common environmental and behavioral risk contexts. Consequently, risk for violence is high among all women who access HIV services.
  - Violence screening and referral should be integrated into all HIV-related services (C&T, prenatal testing, exposed infant care, HIV treatment)
  - Prenatal care setting, with its multiple scheduled provider contacts, may be well-suited to identification and referral; HIV treatment and infant follow-up involve multiple visits too

What kind of training or services are needed?

- DV screening is endorsed by many professional associations (e.g., ACOG, AMA, Peds) yet often not done. Providers experience many barriers.

- Some states (e.g, CA, NY) have integrated domestic violence training into HIV C & T training, but not typical.

- HIV infected women can have unique periods of risk related to disclosure. Individuals who conduct post-test counseling and partner notification must be particularly aware of risks faced by HIV+ women.

PAPERS / RESOURCES

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NYSDOH Protocol – Domestic Violence Screening in Relation to HIV Counseling, Testing, Referral & Partner Notification. http://www.health.state.ny.us/nysdoh/rfa/hiv/protocol.htm

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